

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TENACIOUS TRUTH PAC

ADDRESS (number and street)

PO BOX 57449

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00619650

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 20 2016

through

M M / D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kennedy, Sean, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kennedy, Sean, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 27 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TENACIOUS TRUTH PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	8131.70	
(c) Total Receipts (from Line 19)	26033.23	144373.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34164.93	144373.27
7. Total Disbursements (from Line 31)	31136.77	141345.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3028.16	3028.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-150.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TENACIOUS TRUTH PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25250.00

133750.00

(ii) Unitemized

150.00

150.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

25400.00

133900.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

25400.00

133900.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

840.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

633.23

9633.27

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

26033.23

144373.27

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

26033.23

144373.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4914.25	95061.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4914.25	95061.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	26222.52	45293.98
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	990.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31136.77	141345.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31136.77	141345.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25400.00	133900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25400.00	133900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4914.25	95061.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	633.23	9633.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4281.02	85427.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Giotto, Frank, , ,

Mailing Address 161 Clear Rd.

City
Oriskany

State
NY

Zip Code
13424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fiber Instrument Sales Inc.

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Joyce, Charles, , ,

Mailing Address PO Box 483

City
Wellsville

State
NY

Zip Code
14895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Otis Eastern

Occupation (for Individual)
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'Shaughnessy, Brian, , ,

Mailing Address One Revere Park

City
Rome

State
NY

Zip Code
13440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reserve Copper

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rothman, Robert, , ,

Mailing Address PO Box 173559

City
Tampa

State
FL

Zip Code
33672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Black Diamond Capital

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2016

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schar, Dwight, C., ,

Mailing Address 505 S. Flagler Dr.

City
Palm Beach

State
FL

Zip Code
33401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVR

Occupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2016

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tenney, Robert, , ,

Mailing Address P.O. Box 453

City
Sherburne

State
NY

Zip Code
12360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mid-York Press

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period

3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Trachman, William, , ,

Mailing Address 8661 E. 26th Ave

City
DenverState
COZip Code
80239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Littler MendelsonOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2016

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

250.00

TOTAL This Period (last page this line number only)..... ▶

25250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Facebook

Mailing Address 1 Hacker Way

City
Menlo ParkState
CAZip Code
94025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2016			

Transaction ID : SA15.4261

Amount of Each Receipt this Period

633.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

633.20

633.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name (Last, First, Middle Initial)

A. Ahearn, Joseph, , ,

Mailing Address 4722 9th Street NW

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Fundraising consulting services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2016			

FEC Identification Number

C**Transaction ID : SB21B.4256**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 2500 Victory Drive

City
DallasState
TXZip Code
75219Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

C**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

309.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 2500 Victory Drive

City
DallasState
TXZip Code
75219Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

C**Transaction ID : SB21B.4254**

Amount of Each Disbursement this Period

358.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3167.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENACIOUS TRUTH PAC

Full Name (Last, First, Middle Initial)

A. i360

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		03		2016

Mailing Address PO Box 37046

City
BaltimoreState
MDZip Code
21297Purpose of Disbursement
Voter data services
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C **Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

 1000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kennedy, Mallory, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		31		2016

Mailing Address 22153 Tucker Rd.

City
ZacharyState
LAZip Code
70791Purpose of Disbursement
Fundraising consulting
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C **Transaction ID : SB21B.4220**

Amount of Each Disbursement this Period

 230.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PNC Bank

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		01		2016

Mailing Address 1913 Massachusetts Ave NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Bank fees
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C **Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

 151.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 1381.00**TOTAL** This Period (last page this line number only)..... ► 4548.20

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 15

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4146

TENACIOUS TRUTH PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Kennedy, Sean, , ,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1603 A St. SE #3

City

Washington

State

DC

ZIP Code

20003

Original Amount of Loan

840.00

Cumulative Payment To Date

990.00

Balance Outstanding at Close of This Period

-150.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 14 / 2016

Date Due

MM / DD / YYYY

Interest Rate

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

-150.00

TOTALS This Period (last page in this line only)..... ►

-150.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC				FEC IDENTIFICATION NUMBER ▼ C C00619650	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Facebook			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 28 / 2016		
Mailing Address 1 Hacker Way			Amount 1000.00		
City Menlo Park		State CA	Zip Code 94025		
Purpose of Expenditure Digital ad promotion		Category/ Type 		Transaction ID : SE.4194 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 28 / 2016	
Name of Federal Candidate: MYERS, KIM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 2072.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee McLaughlin and Associates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 02 / 2016		
Mailing Address 566 SOUTH ROUTE 303			Amount 7000.00		
City Blauvelt		State NY	Zip Code 10913		
Purpose of Expenditure Radio ad production and buy, also opposes Matrin Babinec		Category/ Type 		Transaction ID : SE.4199 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 31 / 2016	
Name of Federal Candidate: MYERS, KIM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 9072.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			8000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Kennedy, Sean, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y 01 / 27 / 2017	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC				FEC IDENTIFICATION NUMBER ▼ C C00619650	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee McLaughlin and Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 566 SOUTH ROUTE 303			Amount 4000.00		
City Blauvelt	State NY	Zip Code 10913	Transaction ID : SE.4204		
Purpose of Expenditure Radio ad production and buy		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate: MYERS, KIM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 13072.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee McLaughlin and Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 566 SOUTH ROUTE 303			Amount 10000.00		
City Blauvelt	State NY	Zip Code 10913	Transaction ID : SE.4206		
Purpose of Expenditure Radio ad buy, also opposes Martin Babniec		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate: MYERS, KIM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 23072.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			14000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Kennedy, Sean, , ,		[Electronically Filed]		Date MM / DD / YYYY 01 / 27 / 2017	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC				FEC IDENTIFICATION NUMBER ▼ C C00619650	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Ozean Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016		
Mailing Address P.O. Box 1101			Amount 2921.30		
City Alachua		State FL	Zip Code 32616		
Purpose of Expenditure Voter contact phones			Category/Type 		
Name of Federal Candidate: BABINEC, MARTIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 25994.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ozean Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
Mailing Address P.O. Box 1101			Amount 1301.22		
City Alachua		State FL	Zip Code 32616		
Purpose of Expenditure Voter contact phones			Category/Type 		
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 27295.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			4222.52		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			26222.52		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Kennedy, Sean, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017	